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8 IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

9 In the Guardianship of:) Case No.:
10)
11) DESIGNATION OF STANDBY
12) GUARDIAN RCW 11.88.125
13)
14)) (DSGSBG)
15 An Incapacitated Person.

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DESIGNATION OF STANDBY GUARDIAN

The Guardian for the Person and/or Estate named above designates the following to
serve as Standby

Guardian:

Name: _____

Address: _____

Phone: _____

Email Address: _____

This individual is over the age of eighteen, of sound mind, and has never been
convicted of a felony or a misdemeanor involving moral turpitude, filed personal bankruptcy
or been removed as a fiduciary in any proceeding for cause.

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3 I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE
STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

4 Signed at _____, Washington, _____, ____200__.

5
6 _____
Signature of Guardian

_____ Printed Name of Guardian

7
8 _____
Address

_____ Telephone/Fax Number

9
10 _____
City, State, Zip Code

_____ Email Address

11 **ACCEPTANCE**

12 I _____, acknowledge and accept the designation as Standby
Guardian in this matter.

13 I certify that I am over the age of eighteen, of sound mind, and never been convicted
14 of a felony or a misdemeanor involving moral turpitude, filed personal bankruptcy or been
15 removed as a fiduciary in any proceeding for cause..

16
17 I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE
18 STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

19 Signed at _____, Washington, _____, ____200__.

20
21 _____
Signature

_____ Printed Name

22
23 _____
Address

_____ Telephone/Fax Number

24
25 _____
City, State, Zip Code

_____ Email Address

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